Mass behaviour change campaigns

What works and what doesn't

The promotion of hygienic behaviour[1] – and particularly handwashing with soap – is one of the most cost-effective health interventions. Yet, despite bringing some of the highest public health returns on investments,[2] hygiene is neglected – in public health interventions, in national and global health policy priorities, and in national and global monitoring frameworks.

Public policy efforts and government campaigns to promote hygienic practices and handwashing with soap capture a miniscule proportion of national health budgets and international aid spending on health – typically less than 1%. Part of the reason for the lack of funding is the uncertainty around what makes behaviour change campaigns a success and the prospect of a return on investments.

Hygiene promotion campaigns are often piecemeal, insufficiently planned and executed, and a re-tread of unproven or, worse, ineffective approaches. The lamentable performance of handwashing campaigns in changing behaviours reveals a lack of coherent thinking in policies, strategies and guidelines.

To promote an effective approach to mass behaviour change campaigning, and hygiene promotion in particular, WaterAid commissioned an in-depth global and historical analysis of behaviour change campaigns, analysing both successes and failures. This paper highlights the main points from that study combined with findings from a previous WaterAid paper on how some countries in East Asia successfully achieved the widespread adoption of hygienic practices. It provides policy recommendations as a set of 'working assumptions' that can be used by policy makers when it comes to developing mass behaviour change strategies.

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[1] Hygienic behaviour includes hand and face washing with soap, the use of sanitation facilities, food hygiene and menstrual hygiene.
[2] The World Bank's estimate of the ratio between investments and public health returns, as measured by the number of years saved from disability, show handwashing to be the most cost-effective and efficient of all disease prevention measures. The World Bank, BNWP and WSP (no date) *The handwashing handbook: a guide for developing a hygiene promotion program to increase handwashing with soap*.

Behaviour change campaigns – the myths

- **"Knowledge drives behaviour, so raising people's awareness results in behaviour change."**
  Contrary to views in the commercial advertising sphere that irrational, emotional factors drive behaviour, public health campaigns are still dominated by logical solutions to deep-seated behavioural issues. The emphasis tends to be on improving 'knowledge' and 'awareness', and technological 'fixes' to make it easier to practise a behaviour. Most of these interventions rarely, if ever, have much impact without emotionally engaging promotional support.

- **"Proof from randomised controlled trials is the only test for whether campaigns will work and the basis for allocating funds."**
  Although we cannot reduce the complex determinants of behaviour to a simple, predictive 'theory of change', public health campaign decisions are often driven by academic quests to prove a theory. These hunts for 'proof' are often based on time consuming experiments and controlled trials that create a restrictive, artificial context that can undermine a campaign's true potential impact. In reality, nearly all successful campaigns are tweaked, sometimes significantly, as they go along.

- **"There is a single 'correct' theory."**
  Unsurprisingly, there is no evidence that any single theory of change works at scale. Nearly all successful high-impact campaigns have involved elements of different theories. Despite the recent infatuation, and some successes, with 'nudging'[3] prompts, nudging's value for big, long-term change is doubtful. Nudges are unlikely to shift big, deep-seated, population-level health behaviours. Experience suggests that big 'shoves', or multiple inducements, not nudges, are required to address the multiple dimensions of behaviour – psychology, social mores, networks, economic and status incentives, and the complex stimuli that determine human behaviour.

- **"Fear leads to behaviour change."**
  This might be true in some cases, but evidence suggests that negative strategies are most effective for major immediate threats, disease detection, one-off behaviours, and adopting new behaviours when there is clear evidence of a directly linked threat (e.g. prophylactic take up). The value of using fear is questionable for long-standing issues like hygiene and behaviour change where the consequences are not immediately obvious, and where social norms play a central role.

- **"Social media is the answer."**
  Social media may seem useful for shaping behaviour, due to the scale of its reach, yet there is no evidence it can be used to positively shape behaviour,

[3] Nudges are the indirect suggestions, cues or prompts that aim to encourage the voluntary adoption of behaviours, motives or decision-making.

and some evidence of no impact. Although social media can spread awareness, this doesn't necessarily translate into behaviour change. Mobile phone messaging also seems to have little impact, although it can spread awareness (to those who are connected to media networks) and increase compliance with new behaviours.

- **"If campaigns don't work, there's no harm."**
  There is evidence that insufficiently thought-through campaigns can backfire, and some campaigns have famously not just failed but produced unintended, negative consequences. For example, the anti-drug campaign in the US that focused messages at young people, was associated with an increase in marijuana use, apparently because the widespread publicity that the campaign gave to drugs made young people think it was a socially normal thing to do.

What works?

Although there are no blueprints for a successful behaviour change campaign, the review provided insights into what was more likely to make a campaign achieve its objectives:

- **Strong government leadership that integrates behaviour change with nation building** has driven some of the most significant behaviour change successes historically. The governments of newly independent nation states in East Asia made hygiene a central component of modernity and for the common good – promoting handwashing, ending open defecation and stopping spitting. Those behaviours were qualifications for housing and public benefits. Transgressing the new norms of citizenship risked incurring substantial financial penalties. Hygiene promotion was more than integrated with the provision of housing (in South Korea's *New Village Movement*); policies from health and housing and rural and urban were coordinated to reinforce personal and public hygiene. This anchored widespread behaviour change in a wider national transformation.

- **'Umbrella' campaigns**, addressing multiple behaviour-related risks, offer benefits such as economies of scale, cost effectiveness, increased probability of hitting the target, reducing 'message fatigue', and creating the opportunity to build an engaging 'brand'. The positive branding of these campaigns (such as *GoodLife* in Ghana and *loveLife* in South Africa), associated with values and aspirations, may have also contributed to their success.

- **'Edutainment'** media shows containing social messages are a powerful mass-media format for changing behaviour, by offering positive and relatable role models. Shows like Tanzania's *Twende na Wakati* (a radio soap opera on HIV issues), Kenya's *Shuga* (addressing sexual, maternal and child health, family planning, female empowerment and gender-based violence) and South Africa's *Scandal!* (promoting sensible financial behaviour) have made

impressive gains in raising awareness, changing behaviours and encouraging social debate.

- **Complementary interventions and services reinforce the impact of campaigns.** This comprehensive approach acknowledges the complex drivers of behaviours and avoids oversimplification. Australia's successful campaign against smoking included an integrated package of mass-media campaigns, fiscal measures, regulation and support services. Thailand reduced HIV infections by 80% over 10 years through an intense, focused national campaign that used a combination of measures involving numerous organisations. Where relevant, legal enforcement can increase impact substantially, although financial penalties and incentives have shortcomings.

- **Positivity and aspiration work better than fear and negativity.** While many public health campaigns have used negative messaging, its value is more limited than its prevalence suggests. Messages around guilt can seriously backfire, while shame can stigmatise the very groups the campaign intends to support. Campaigns that have used fear successfully are those that address a severe and credible threat that is personally relevant to the audience, and they provide specific recommendations for avoiding the threat, which are both effective and practically do-able. Negative messaging tends to be scrutinised more carefully as part of our natural defensive reaction. Positive messaging and branding is attracting growing interest, as planners increasingly learn lessons from the world of marketing and advertising. Who provides the message can be as important as the message itself; engaging influential 'champions' of change is popular, but our peers can have more credibility.

- **It is important to choose the right media channels.** TV and radio have a proven impact, particularly in raising awareness through mass-media campaigns, and are likely to dominate in the near future, especially in developing countries. However, specific and disaggregated data on reach and impact is at times unreliable. While some organisations fall into the trap of securing a defined number of TV or radio slots or billboard spaces, successful campaigns focus on reach: the number of people in the target audiences who are exposed to those broadcast slots, billboards or national publications.

- **Campaigns should be long and intense to achieve success,** like those commonly run by leading global brands. Withdrawing support early reduces the sustainability of adopted behaviours. A global study of the effectiveness of mass-media interventions for HIV prevention between 1986 and 2013 found that the longest campaigns, stretching over four years, were approximately three times more effective in encouraging condom use than those that lasted a year, and 10 times more effective than short bursts of a few days. It also found that campaigns had a significantly bigger impact in low-income countries where media landscapes are less cluttered and the high disease incidence creates a greater perceived risk of infection.

The policy changes required for delivering effective mass behaviour change campaigns

- **Strong government leadership that integrates behaviour change into wider development efforts.** Governments should centralise hygiene as a necessary condition of wider social, political or institutional transformations, such as nation-building, reconstituting notions of citizenry or urban renewal programmes, and even the professional requirements of doctors, nurses and teachers. Adherence to required behaviours can be coupled with qualifications for housing and public benefits. When hygienic practices are elevated to play a central role in a wider transformational project, it can incentivise bureaucratic and inter-sectoral planning and coordination.

- **Mass behaviour change campaigns require systematic monitoring.** The traction of particular campaign themes needs to be continuously assessed. In the effort to influence ideas and appetites, campaigns need to build in mechanisms to understand what is working and what is not. This requires mechanisms that can review and make course-correcting alterations at all levels of the implementation chain.

- **A sector-wide shift from 'increasing knowledge' to 'addressing behavioural determinants and social norms.** The growing realisation that knowledge does not immediately lead to practice is yet to be translated into increased resources and prioritisation of long-term, carefully designed national behaviour change campaigns, especially in the field of hygiene.

- **Financial penalties and sanctions can work.** The threat of financial penalties can have a considerable push and pull on behaviours. These can range from serious financial penalties that punish inappropriate behaviour (e.g. toilet misuse in Singapore) or leverage new behaviours (e.g. fines for not wearing seatbelts in the UK) to changes in pricing (e.g. higher taxes on cigarettes as a way of deterring pocket-money-dependent teenagers in Australia).

- **Aim for the long term to drive change and sustain it.** Shifting habituated and socially embedded practices takes time, perhaps decades, and campaigns should be prepared accordingly. Even when deep-seated behaviours such as open defecation change following a campaign intervention, people can revert to previous behaviours if efforts are not made to ensure sustainability. The short-term focus of sanitation programmes and the 'afterthought' nature of hygiene programme components exacerbate this problem. Sustainability requires multi-year planning and frequent review and adaptation being built into the planning and monitoring process to identify what is gaining traction and what needs changing.

- **Long-term mass behaviour change requires dedicated budgets.** Important, large-scale behaviour change efforts require separate budget lines.

Bolt-on or percentage allocations from line ministry or sector budgets (such as with the Government of India's total sanitation campaign – *Swacch Bharat Mission*) mean that behaviour change is less likely to generate the necessary attention and dedicated resourcing than hardware (in this case for toilet construction). Funding needs to be prioritised and protected.

- **Acknowledgement that waiting for controlled-trial evidence is futile.** As shown in Box 1, robust evidence on mass-media interventions is difficult to obtain and apply. A more productive approach is to acknowledge the multiple determinants of health-related behaviours, and develop pragmatic and agile interventions that address the outcomes.

- **Being guided, not enslaved, by theory.** A theory or 'roadmap' of how to change behaviour is important to focus and direct campaigns, and to measure and adjust progress; however, a theory of change should not create restrictions that prevent review and adjustment as needed. Common sense, deep insights into the target audiences and a willingness to experiment are important.

- **Understanding motives and (moving) targets.** Formative research is essential to understand what behaviours are being practised and why. Importantly, as campaigns are more effective in instilling new behaviours than stopping long-established ones, and better at influencing adults than children, formative research should help create campaigns that target specific behaviours and audiences.

Box 1: The pursuit of evidence

Various studies have assessed the impact of mass-media campaigns on behaviour, but their findings need to be taken with a pinch of salt for four main reasons:

- **The difficulties of disentangling campaign impacts.** It is very difficult to attribute population-level behaviour change to a single factor with any accuracy due to the multitude of social and environmental factors that can influence behaviour.
- **A publication bias towards success stories.** Despite the potential value of considering both successes and failures, few organisations trumpet their failures in peer-reviewed publications and other sources. Instead, success stories abound.
- **The short-term nature of many evaluations.** Many studies of the impact of individual campaigns, which inevitably influence the findings of larger meta-analyses, cover a relatively short period, often just a year. But the longer-term, cumulative effects can be much greater.
- **A developed-world focus.** Most large-scale studies of campaigns, including meta-analyses, focus on campaigns in developed countries, due to both a longer history of health promotion and typically richer, more dependable data and research capacity. While such studies offer useful insights, they may lead to development of campaigns that fail to recognise local context sufficiently.